

**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
HOUSING – ELDERLY OR HANDICAPPED FAMILIES**

This Claim is Filed for Fiscal Year 20 ____ — 20 ____ .

This is a Supplemental Affidavit filed with

- ☐ BOE-267, Claim for Welfare Exemption (First Filing)
- ☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)

Section 1. Identification of Applicant

Name of Organization _____

Mailing Address (number and street) _____

Corporate ID or LLC Number _____

City, State, Zip Code _____

Organizational Clearance Certificate (OCC) No. _____ (Provide copy of certificate with this claim if first filing). If you do not have an OCC, have you filed a claim for an OCC with the BOE?

☐ Yes ☐ No

If No, see instructions for information on obtaining an OCC claim form.

Section 2. Identification of Property

Address of property (number and street) _____

City, County, Zip Code _____

Date Property Acquired _____

Section 3. Household Information**A. Eligibility Based on Family Household Income**

Section 214(f) of the California Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes only to the extent that household incomes of families residing there do not exceed amounts listed below:

NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME
1		4		7	
2		5		8	
3		6			

Note: If a dollar amount is not entered for each number of persons, contact the County Assessor for the figures. The amounts are different for each county and change annually.

In order to qualify all or a portion of the property for the exemption, you must have: (1) a signed statement for each family that qualifies (you should keep the statement for future audits); and (2) you must complete the report on pages 2 and 3 of this claim.

FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by _____ (Assessor's designee)		NAME _____	
of _____ on _____ (county or city) (date)		DAYTIME TELEPHONE ()	E-MAIL ADDRESS _____

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

B. List of Qualified Families

Complete or attach list showing desired information for only those households that qualify; use additional sheets if necessary.

ADDRESS / UNIT NUMBER (use two lines if there are two families in a unit)	NO. OF PERSONS IN FAMILY (may be more than one family in unit)	MAXIMUM INCOME FOR FAMILY DOES NOT EXCEED
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

C. Recap for All Families, Eligible and Ineligible	EXAMPLE	ACTUAL
1. Number of qualified families. (one for each line filled in above)	110	
2. Number of non-qualified families. (Occupants did not sign statement, refused to report, amount of income is over the limit, or unit was occupied by other than elderly or handicapped family)	10	
3. Total number of families.	120	

D. Exemption Calculation	EXAMPLE	ACTUAL
Percentage which the number of low and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.	110 / 120	/
Maximum percentage of value of property eligible for exemption.	91.66%	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME	TITLE	DATE
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SIGNATURE

